
(Full Name of Party Submitting this Document)

(Mailing Address – Street or Post Office Box)

(City; State, Zip Code)

(Telephone Number)

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

STATE OF IDAHO, Department of
Health and Welfare,

Plaintiff,

vs.

NOTICE OF HEARING
MOTION TO CONSOLIDATE

Case No. _____

Defendant(s).

Case No. _____

Plaintiff or Co-Petitioner,

vs.

Defendant or Co-Petitioner.

The Motion to Consolidate will be heard on the _____ day of _____,
20____, at the hour of _____ .m., at the _____ County
courthouse, located at (street address) _____
_____, _____ Idaho.

DATED: _____

(Signature)

CERTIFICATE OF SERVICE

I certify that on (date) _____ a copy was served on:

(Fill in the mailing address of the attorney for the Department of Health & Welfare and the other parent's name and mailing address)

State of Idaho, Department of Health & Welfare
Division of Child Support Enforcement

(Attorney's Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- ☐ By United States Mail
- ☐ By FAX
- ☐ By personal delivery
- ☐ By overnight mail/Federal Express

(Other Parent's Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- ☐ By United States Mail
- ☐ By FAX
- ☐ By personal delivery
- ☐ By overnight mail/Federal Express

Signature